

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.		DEP.		IND.			IND.		IND.		IND.			
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TOTAL REQ.	2														
TOTAL DEP.	9														
TOTAL CLAIMS	11														